

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 005 ***138.75

DOCUMENT # L03000040816					
1. Entity Name CHESAPEAKE REALTY LLC					
Principal Place of Business 701 S. SEAS DRIVE #104 JUPITER, FL 33477			Mailing Address P.O. BOX 3931 TEQUESTA, FL 33469		
2. Principal Place of Business - No P.O. Box # 3438 Ashton Oaks Cove		3. Mailing Address 12330 Rosslare Ridge Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #103			
City & State Longwood FL		City & State Lutherville MD		4. FEI Number 20-0369302	
Zip 32779		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAY, CHRIS 701 S. SEAS DRIVE #104 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name: Day, Chris Street Address (P.O. Box Number is Not Acceptable): 3438 Ashton Oaks Cove City: Longwood FL Zip Code: 32779			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)				DATE 4-18-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME DAY, CHRIS STREET ADDRESS P.O. BOX 3931 CITY-ST-ZIP TEQUESTA, FL 33469	<input type="checkbox"/> Delete		TITLE Mgr NAME Day, Chris STREET ADDRESS 3438 Ashton Oaks Cove CITY-ST-ZIP Longwood FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address	
TITLE PRES NAME DAY, RICHARD STREET ADDRESS 12330 ROSSLARE RIDGE RD. #103 CITY-ST-ZIP LUTHERVILLE, MD 21093	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DAY, DOROTHY STREET ADDRESS 12330 ROSSLARE RIDGE RD. #103 CITY-ST-ZIP LUTHERVILLE, MD 21093	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Dorothy F. Day</u> <u>Dorothy F. Day</u> <u>4/18/08</u> <u>410-321-0787</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					